



TENANT BASED VOUCHER APPLICATION

This application is for the tenant-based voucher waiting list. A tenant-based voucher provides rental assistance to eligible individuals/households.

Waiting List Opening Date/Time: January 22, 2024 at 8:00 a.m.

Waiting List Closing Date/Time: February 19, 2024 at 5:00 p.m.

This waiting list is ONLY open and available to individuals/households with at least one household member who has a disability and is between the ages of 18-61.

- Disability: You do not need to submit verification of disability when you apply for this waiting list. When your name reaches the top of the waiting list CDC will request the household to verify the disability. Verification of a disability will include documents such as a SSI, SSDI or VA Disability Benefit award letter, or verification directly from a medical provider licensed in the State of California to treat and diagnose such disability.
- The household member with a disability must be between the ages of 18 and 61.

INCOME ELIGIBILITY REQUIREMENTS

Eligible applicants must be at or below the income limits shown based on family size.

Persons in Family	Income Limit
1	\$29,750
2	\$34,000
3	\$38,250
4	\$45,500
5	\$45,900
6	\$49,300
7	\$52,700
8	\$56,100

QUESTIONS? CONTACT US, WE ARE HERE TO HELP!

Phone: (707) 463-5462 Ext. 101
1(800) 545-5730
TDD CA Relay 711

Fax: (707) 463-4188
Email: info@cdchousing.org
Website: www.cdchousing.org

Los servicios de traducción están disponibles. Llame al (707) 463-5462



Persons requiring an accommodation due to a disability may request such accommodation at any time during this process.

HOW TO SUBMIT AN APPLICATION

Applications submitted to CDC for individuals/households who do not include a member with a disability and between the ages of 18 -61 will not be accepted, and returned to the household by first class mail.

Completed applications **MUST** be submitted directly to the Community Development Commission (CDC) of Mendocino County during the waiting list opening and closing dates. Application can be submitted to 1076 North State Street, Ukiah, CA. 95482, by fax at (707) 463-4188, or e-mail the application to info@cdchousing.org.

DISABILITY STATUS

An applicant for housing assistance will not be discriminated against because of a disability. Applicants are not required to disclose a disability, however, benefits for which only persons with disabilities are eligible cannot be provided unless the participant discloses his or her disability status.

FREQUENTLY ASKED QUESTIONS

What happens when my name reaches the top of the waiting list? CDC will mail you a letter requesting additional information. Please make sure to submit, in writing, any changes in your address to CDC to ensure you receive this correspondence.

I have applied for CDC's waiting list, how long until I receive assistance? The wait period depends on the amount of funding received from the U.S. Department of Housing and Urban Development (HUD).

How do I change my address with the CDC? You must submit in WRITING any change in your address to CDC. Do not call. To submit a change of address in person, fill out a change of address form at our local office.

Community Development Commission of Mendocino
1076 North State Street
Ukiah CA. 95482

Otherwise, submit a brief written statement that includes the full name of the Head of Household, your previous address, your new address, and your phone number. You may mail, fax ((707)463-4188), or email (info@cdchousing.org) the change to CDC. Failing to update your address with CDC will result in the removal of your name from all waiting lists.

I am in need of rental assistance today, how can CDC help me? Unfortunately, CDC does not have any emergency housing funds.

May I add or remove others from my application?

You may add or remove people from your application by submitting the change in writing to the CDC. Please include the Head of Households name, address, phone number, and the information to be changed.

How do I cancel or withdraw my application? You may cancel your application at any time by informing CDC in writing of your wishes. When cancelling your application, please include the head of household's name, address, phone number, and the program(s) for which you applied.

What if I have special needs? Please tell us if you need assistance of any kind to access our services, and let us know if you need special features in your housing. For example, we can often provide wheelchair accessibility to the office or customized interviews. If you need an interpreter or a translator, tell us, and we will provide one for you. We will make every effort to meet your needs.

Can the CDC deny assistance? Yes. Even if you have submitted an application, the CDC is required by federal law and regulations to refuse assistance if you do not qualify for the program.



Community Development Commission of Mendocino County

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Return to: 1076 N. State St, Ukiah CA 95482 Fax: (707) 463-4188 Phone: (707) 463-5462

Email: info@cdhousing.org

Opening/Closing Dates: 1.22.2024 through 2.19.24 (MS Eligible Only)

NOTE: All questions on this application MUST be completed, answer “yes” or “no”. This form must be completed in **ink**. Use the legal name for each person who will reside in the unit as it appears on his/her Social Security card. The Head of Household must sign this application.

Date: _____ Cell Phone: _____ Home Phone: _____

Name: _____ Email Address: _____

Physical Address: _____
Street #/ P.O. Box City State Zip Code

Mailing Address: Same as above

Street #/ P.O. Box _____

City, State, Zip Code _____

Please remember to notify the Community Development Commission in writing of any change of address. If we are unable to contact you by mail, your name will be removed from this waiting list.

Name First, Last	Gender	Elderly: 62 +	Disabled	Relationship to Head of Household	Social Security Number	Birth Date
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Head of Household		
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			

Race/Ethnicity: Check the race and ethnicity applicable for the Head of Household listed above.

1. Race (check applicable box): White, Asian, Native Hawaiian/Other Pacific Islander, Black/African American, American Indian/Alaskan
2. Ethnicity (check applicable box): Hispanic or Latino or Not Hispanic or Latino

Income Source	Yes/No	Household Member	Monthly Income
Social Security/SSI	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
TANF/Welfare	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Veterans Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Employment Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employer's Name:	\$
Unemployment benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Child Support/Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Interest or dividends earned on assets	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Other sources of Income	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$

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<p>PREFERENCES CDC will give preference on this waiting list to households who meet one or more of the preferences identified below. Verification of these preferences will be obtained when a household is selected from the waiting list. Check “YES” only to preferences that apply to your household.</p>	<p align="center">Check “yes” or “no”</p>
<p>VETERAN OR SURVIVING SPOUSE OF A VETERAN Applicants who qualify for this preference will be required to provide a copy of a DD214 showing honorable discharge or equivalent. For surviving spouse of a veteran, a marriage and death certificate along with the DD214 will be required.</p>	<p align="center"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>
<p>LIVE AND/OR WORK IN MENDOCINO COUNTY</p>	<p align="center"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>
<p>VICTIMS OF DOMESTIC VIOLENCE <u>CURRENTLY LIVING IN TRANSITIONAL HOUSING</u> Applicants will qualify for this preference if they are victims of domestic violence AND are currently residing in transitional housing managed by a domestic violence provider/agency.</p>	<p align="center"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>
<p>NATURAL DISASTER EMERGENCY PREFERENCE Applicants will qualify for this preference if they have been affected by a federal/state declared natural disaster such as a fire, flood, earthquake or other natural cause in which the applicant’s housing was rendered uninhabitable within the last 24 months AND permanent replacement housing has not been obtained. Documents such as FEMA records, Fire Department Records, and rental agreements must be provided to qualify for this preference</p>	<p align="center"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>
<p>DISABLED AND HOMELESS PREFERENCE To qualify for this preference an applicant must have BOTH a disability and meet the homeless definition. The Head of Household, Co-head, or Spouse must have a verifiable disability AND must be currently homeless.</p>	<p align="center"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>
<p>PERSONS EIGHTEEN OR OLDER WITH A DISABILITY Applicants will qualify for this preference if any member of the household is eighteen or older AND that member meets the disability definition found at 24 CFR Part 5 subpart D 5.403 for the Voucher Program.</p>	<p align="center"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>
<p>FRONT DOOR FOR FAMILIES Families receiving services from Front Door for Families who are homeless or at risk of homelessness. A verification letter from Front Door for Families must be submitted in order to qualify for this preference.</p>	<p align="center"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>
<p>GRADUATION FROM THE PERMANENT SUPPORTIVE HOUSING PROGRAM Households who are currently receiving rental assistance through CDC’s Permanent Supportive Housing Program and are eligible to graduate from receiving supportive services.</p>	<p align="center"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>

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Emergency Contact or Case Manager

Name: _____ Agency or Relationship _____

Phone Number: _____ Email: _____

Does any household member with a disability wish to request a reasonable accommodation at this time?

If **yes**, what accommodation is requested? _____

I do hereby **swear and attest** that all the information provided on this application by me and about me is true and correct. I understand that I must report any changes in income, assets, and changes in family composition (adding or removing household members) to the Housing Authority in writing within 10 calendar days of such change. **I further understand false statements or information provided by me are punishable under federal and state law and constitute grounds for denial or termination of rental assistance.**

Signature of Head of Household

Date

Signature of Spouse or Co-Head

Date

Signature of Other Adult

Date

Signature of Other Adult

Date